

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/746,592
Filing Date	December 21, 2000
First Named Inventor	Henry B. Strub
Art Unit	3713
Examiner Name	Kathleen Michele Mosser
Attorney Docket No.	10257/7
Confirmation No.	1020

To: Commissioner For Patents
PO Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above-identified application, and

- ☐ all the practitioners of record.
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s), or
- ☒ the practitioners of record associated with Customer No.: 00757 - Brinks Hofer Gilson Lione

NOTE: The immediately preceding box should only be checked when the practitioners of record in the application were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6)** | |

**Please explain 10.40(c)(6):

CERTIFICATIONS

Check each box below that is factually correct.

WARNING: If a box is left unchecked, the request will likely not be approved.

1. ☐ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. ☐ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3. ☒ I/We have notified the client of any responses that may be due and the timeframe within which the client must respond.

Please provide an explanation, if necessary:

This collection of information is required by 37CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, PO Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.**
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that is properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer No.:

OR

B. ☐ Inventor or Assignee Name

Address

City

State

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Emai

I am authorized to sign on behalf of myself and all withdrawing attorney(s)/agents(s).

Signature

Name

Kent E. Genin

Registration No.

37,834

Address

P.O. Box 10395

City

Chicago

State

IL

Zip

60610

Country

US

Tel #

(312) 321-7732

Date

May 8, 2009

Note: Withdrawal is effective when approved rather than when received.

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